

04/20/01

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PTO/SB/50 (02-01)  
 Approved for use through 01/31/2004 OMB 0651-0033  
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# REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  <b>Assistant Commissioner for Patents</b> <b>Box Reissue</b> <b>Washington, DC 20231</b>	Attorney Docket No.	70869-0089
	First Named Inventor	John R. Wells
	Original Patent Number	5,895,346
	Original Patent Issue Date (Month/Day/Year)	April 20, 1999
		Express Mail Label No.

## APPLICATION FOR REISSUE OF: (Check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB 56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175 (PTO/SB/51 or 52))
6. ☐ Power of Attorney
7. Original U.S. Patent currently assigned? ☒ Yes ☐ No  
(If Yes, check applicable box(es))
  - ☐ Written Consent of all Assignees (PTO/SB/53)
  - ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)
8. ☐ CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)
  - a. ☐ Computer Readable Form (CFR)
  - b. Specification Sequence Listing on:
    - i ☐ CD-ROM (2 copies) or CD-R (2 copies); or
    - ii ☐ paper
  - c. ☐ Statements verifying identity of above copies

## ACCOMPANYING APPLICATION PARTS

10. ☒ Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. ☐ Original U.S. Patent for surrender
  - ☐ Ribbioned Original Patent Grant
  - ☐ Statement of Loss (PTO/SB/55)
12. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(If applicable)
13. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
14. ☐ English Translation of Reissue Oath/Declaration (if applicable)
15. ☐ Preliminary Amendment
16. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
17. Other: unsigned Reissue Declaration...  
and Power Of Attorney  
 .....

## 18. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label

or ☐

Correspondence address below

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NAME (Print Type)	Conrad, Clark	Registration No. (Attorney/Agent)	30,340
Signature	<i>Conrad Clark</i>	Date	April 20, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.



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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
70869-0089

## Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application		(3) Number Extra	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
(A)	31	Total Claims (37 CFR 1.16(i))	(B)	47	****	16 =	x \$ _____ =	288.00
(C)	4	Independent claims (37 CFR 1.16(j))	(D)	8	*	4 =	x \$ _____ =	160.00
Basic Fee (37 CFR 1.16(h))							\$	710.00
Total Filing Fee							\$	1,158.00

## Claims as Amended - Part 2

(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$ _____ =	x \$ _____ =	
Independent Claims (37 CFR 1.16(j))	***	MINUS	*****	=	x \$ _____ =	x \$ _____ =	
Total Additional Fee				\$		OR	\$

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancellation of claims.

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☒ Please charge Deposit Account No. 50-1088 in the amount of \$1,158.00.  
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1088.  
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**4/20/01  
Date

Signature of Applicant, Attorney or Agent of Record

Conrad J. Clark, Reg. No. 30,340

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : )  
 )  
Wells et al. )  
 ) Art Unit:  
Serial No.: Reissue of 5,895,346 )  
 ) Examiner:  
Filed: April 20, 2001 )  
 )  
For: AUTOMATIC MULTIPLE )  
DECANTING CENTRIFUGE )

STATEMENT PURSUANT TO 37 CFR 1.173 (c)

Hon. Director of the Patent  
and Trademark Office  
Washington, D.C. 20231

SIR:

A. Status of the Claims

Presently original claims 1-31 and new claims 32-47 are pending. No claim has been canceled.

B. Support in the Disclosure for Claim Amendments

The disclosure describes the container recited to in the claims at least at column 2, lines 7-20 and at column 3, line 59 through column 4, line 16. The container is shown in figures 1 and 2.

The use of the container is disclosed at column 2 line 50 through column 3 line 33 and column 5 lines 31 through 58. Drawing figures 4a-4f show a method of use.

Respectfully Submitted,  
CLARK & BRODY



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April 20, 2001